

# Provider Initial Incident Reporting Process

PROCESS FOR FILING FOLLOW-UP INCIDENT REPORTS FOR PROVIDERS  
INDIANA DIVISION OF AGING

TOWER, DARCY E

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## Process for Reporting an Initial Incident

1. Anyone with direct monitoring responsibility shall determine whether the event or concern represents:
  - A reportable unusual occurrence
  - Suspected or actual Abuse
  - Suspected or actual Exploitation
  - Suspected or actual Neglect
  - Death
  
2. All Reportable Unusual Occurrence (RUO) for consumers receiving funding under the Aged and Disabled (A&D), Traumatic Brain Injury (TBI), and Money Follows the Person (MFP) waiver shall be submitted over the internet through the Incidents & Follow-Up Reporting (IFUR) Tool. **The address for the IFUR tool is as follows:**  
<https://ddrsprovider.fssa.in.gov/IFUR/>

3. Under “Menu,” select **Initial Incident**.



**State of Indiana**

INCIDENT AND FOLLOW-UP REPORTING TOOL



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**Welcome to the Web-Based Incident And Follow-Up Reporting (IFUR) Tool**

**NOTICE TO USERS:** Please be advised, Indiana Office of Technology (IOT) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors will likely occur. Thank you.

This website is for filing incident initial and incident follow-up reports required by the Indiana Bureau of Quality Improvement Services and the Indiana Division of Aging waiver services, including MFP. Based on the Division and Primary Funding Source selected, only the appropriate fields will be available for data entry.

This site is maintained by the Division of Disability and Rehabilitative Services. Please report any problems with the website by sending an e-mail to [DTS-DAS@fssa.in.gov](mailto:DTS-DAS@fssa.in.gov).

4. **Initial Incident**

The following screen will appear for the reporter to submit information about the participant for which the incident report is being filed:

5. **Consumer Information Section**

Consumer(s):

Division:	[Select] Division of Disability and Rehabilitative Services Division of Aging	
<b>Consumer Information</b>		
SSN (last 4 digits):	<input type="text"/>	
First Name:	<input type="text"/>	Last Name: <input type="text"/>
Address:	<input type="text"/>	
State:	IN <input type="text"/>	Zip code: <input type="text"/>
DOB:	<input type="text"/>	County: [Select] v
Gender:	[Select] v	
<b>Abuse, Neglect, or Exploitation (A/N/E)</b>		
A / N / E ? : <input type="radio"/> Yes <input type="radio"/> No		
Primary Funding Source:	[Select] v	

- 5a) Make sure to choose the correct division when beginning the report.
- Select the Division of Aging if the participant receives funding through the Aged & Disabled Waiver, Traumatic Brain Injury Waiver, Choice, Money Follows the Person, Social Security Block Grant, Title III, or Title III E.
- 5b) Abuse/Neglect or Exploitation (A/N/E)
- A/N/E applies only to the Division of Aging, and will remain grayed out if DDRS is chosen.
  - If A/N/E is selected, you cannot continue without entering APS or CPS information.
- 5c) The Incident Initial Report and Incident Follow-Up Report contain several fields that require an entry. If you select the **Continue Report** button to move to the next page and have not completed one or more required fields, the system displays a message in red text at the top of the page and marks each required field with a red asterisk. You must complete the missing fields before the system will move to the next page.
- 5d) Once you have completed the consumer information, click “**continue report**” at the bottom of the screen.

<b>Individual providing services at time of incident(DA):</b>	<input type="text"/>
<b>HCBS provider agency(DA):</b>	<input type="text" value="Select"/>

## 6. Informed Section

- 6a) Below is the **Informed Section** of the incident initial report.
- 6b) This section of the report disables the fields that are not required, based on the funding source (Aged & Disabled Waiver, Traumatic Brain Injury Waiver, Choice, Money Follows the Person, Social Security Block Grant, Title III, or Title III E) that you selected.
- 6c) Disabled fields appear gray in color, as shown in the following illustration of the waiver funding source fields:

**Informed**  
Indicate which of the following agencies and individuals have been informed:

APS:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
		County:	<input type="text" value="[Select]"/>
		Phone:	<input type="text"/>
		Method:	<input type="text" value="[Select]"/>
CPS:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
		County:	<input type="text" value="[Select]"/>
		Phone:	<input type="text"/>
		Method:	<input type="text" value="[Select]"/>
RES. Provider(BDDS):	N/A		
HCBS Provider(DA):	N/A		
HAB/VOC Provider(BDDS):	N/A		
Other Provider:	N/A		
Legal guardian:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
BDDS SC(BDDS):		<input type="text" value="Select"/>	
		Date:	<input type="text"/>
AAA(DA):	N/A	<input type="text" value="Select"/>	
		Date:	<input type="text"/>
Case Manager:	YES	<input type="text" value="Select"/>	
		Date:	<input type="text"/>
QIDP:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
Police involvement/notified:	N/A	Date:	<input type="text"/>
Coroner:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>

Individual supervising at time of incident(BDDS):

Responsible Supervisory provider(BDDS):

Individual providing services at time of incident(DA):

HCBS provider agency(DA):

6d) After completing the Informed Section, click “**Continue Report**” at the bottom of the page.

Individual providing services at time of incident(DA):

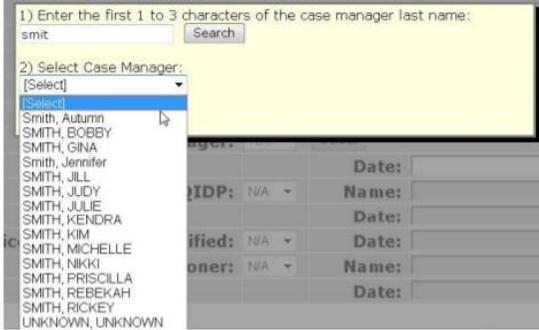
HCBS provider agency(DA):

## 7. Contingency Fields

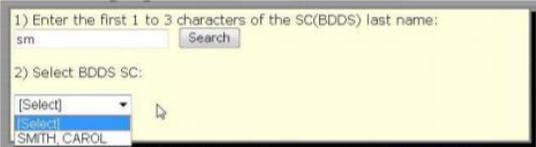
7a) Below is the Contingency Fields for Consumer Information and Informed Sections of the incident initial report.

7b) The requirement for some fields is contingent on other selections. For example, if you select a waiver funding source from the **Primary Funding Source** field, in the Consumer Information section, **you must complete the Case Manager, Name, and Date fields in the Informed Section.**

### Contingency Fields for Consumer Information and Informed Sections

If this Field	Contains	Then
<p><b>Primary Funding Source</b></p> <p>Refer to the <a href="#">Primary Funding Source table</a> for information about all of the fields affected by an entry in this field</p>	<p>One of the following entries:</p> <p>A&amp;D WAIVER CIH WVR FS WVR TBI WAIVER</p>	<p><b>Case Manager field contains Yes.</b></p> <p>You must select the Case Manager and complete the corresponding <b>Date</b> field.</p> <p>To select the Case Manager, click the <b>Select</b> button. A search window appears. Enter the first 1 to 3 characters of the Case Manager's last name in the text box and select <b>Search</b>. The system uses the entry to populate the drop down list in the <b>Select Case Manager</b> field, as shown in the following illustration:</p>  <p><b>Important</b></p> <p>If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter St. and include the period. Select a case manager name from the list and then select the <b>Submit</b> button.</p>
<p><b>Primary Funding Source</b></p>	<p>SGL</p>	<p><b>QMRP field must contain Yes.</b></p>

### Contingency Fields for Consumer Information and Informed Sections (continued)

If this Field	Contains	Then
<p><b>Primary Funding Source</b></p>	<p>One of the following entries:</p> <p>A&amp;D WAIVER TBI WAIVER</p>	<p>The following BDDS fields must contain N/A or be left blank:</p> <ul style="list-style-type: none"> <li>• RES. Provider(BDDS)</li> <li>• HAB/VOC Provider(BDDS)</li> <li>• BDDS SC(BDDS) Name</li> <li>• BDDS SC(BDDS) Date</li> <li>• Individual supervising at time of incident(BDDS)</li> <li>• Responsible Supervisory provider (BDDS)</li> </ul>
<p><b>Primary Funding Source</b></p>	<p>One of the following entries:</p> <p>AFC CIH WVR LP-ICF/MR NURSING HOME SDC/SOF SGL SLI FS WVR TITLE XX</p>	<p>You must select a Service Coordinator and complete the corresponding <b>Date</b> field.</p> <p>To select the Service Coordinator, click the <b>Select</b> button. A search window appears. Enter the first 1 to 3 characters of the Service Coordinator's last name in the text box and select <b>Search</b>. The system uses the entry to populate the drop down list in the <b>Select BDDS SC</b> field, as shown in the following illustration:</p> 

**Important**

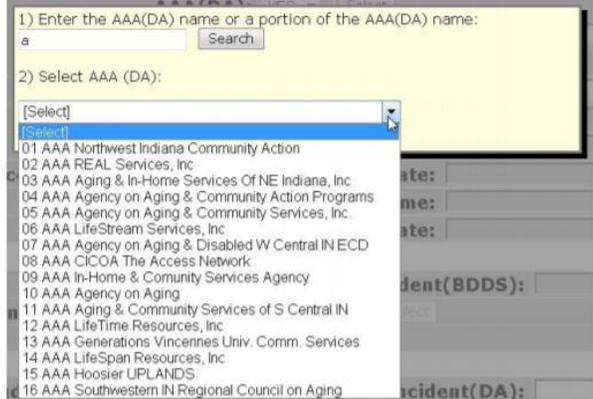
If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter **st.** and include the period.

Select a Service Coordinator name from the list and then select the **Submit** button.

The following aging fields must contain N/A or be left blank:

- HCBS Provider(Aging)
- AAA(Aging)
- Individual providing services at time of incident(Aging)
- HCBS provider agency(Aging)

**Contingency Fields for Consumer Information and Informed Sections (continued)**

<b>[this Field]</b>	<b>Contains</b>	<b>Then</b>
<b>PS or CPS</b>	Yes	The following APS/CPS fields must be completed: <ul style="list-style-type: none"><li>• Name</li><li>• Date</li><li>• County</li><li>• Phone</li><li>• Method</li></ul>
<b>Legal guardian</b>	Yes	The following Legal guardian fields must be completed: <ul style="list-style-type: none"><li>• Name</li><li>• Date</li></ul>
<b>AAA(DA)</b>	Yes	<p>You must select the AAA name and complete the <b>AAA (DA) Date</b> field.</p> <p>To select the AAA, click the <b>Select</b> button. A search window appears. Enter the AAA name or a portion of the AAA name in the text box and select <b>Search</b>. The system uses the entry to populate the drop down list in the <b>Select AAA (DA)</b> field, as shown in the following illustration:</p>  <p>Select a AAA name from the list and then select the <b>Submit</b> button.</p>
<b>QMRP</b>	Yes	The following <b>QMRP</b> fields must be completed: <ul style="list-style-type: none"><li>• Name</li><li>• Date</li></ul>
<b>Police</b>	Yes	The <b>Police Date</b> field must be completed.
<b>Coroner</b>	Yes	The following <b>Coroner</b> fields must be completed: <ul style="list-style-type: none"><li>• Name</li><li>• Date</li></ul>

7c) After completing the Informed Section, click “**Continue Report**” at the bottom of the page.

**8. Reporting Person/Agency and Incident Information**

Reporting Person and Agency	
Name:	<input type="text"/>
Position:	<input type="text"/>
Phone #:	<input type="text"/> ( ) - - - - - <input type="text"/> Extension: <input type="text"/>
Reporting Entity:	<input type="button" value="Select"/>
Date Report Submitted:	9/18/2015
E-mail Address:	<input type="text"/>
Incident Information	
Incident Date:	<input type="text"/> Time (HH:MM AM/PM): <input type="text"/>
Date of Knowledge:	<input type="text"/>
Where occurred:	<input type="button" value="[Select]"/> <input type="text"/>
Other(explain): <input type="text"/>	
Is this Incident regarding:	
The Death of this consumer?	<input type="button" value="[Select]"/>
a PRN that was administered to this consumer? (BDDS)	<input type="button" value="NO"/>
Was the consumer handcuffed?	<input type="button" value="NO"/>
Was the consumer tasered?	<input type="button" value="NO"/>
<input type="button" value="Cancel Report"/> <input type="button" value="Continue Report"/>	

8a) Required information in the **Reporting Person** Section of the screen includes:

- Name
- Position
- Phone Number
- Reporting Agency
- E-mail Addresses

8b) Required information in the **Incident Information** Section of the screen includes:

- Incident Date
- Time of Incident
- Date of Knowledge
- Where occurred

8c) Required information in the **Incident Regarding** section includes:

- ...the Death of a Consumer?
- ...a PRN administered?
- ...Consumer handcuffed?
- ...Consumer tasered?

8d) The following table describes the contingency files in the “**Incident Regarding**” section:

If this Field	Contains	Then
Primary Funding Source (in the Consumer Information section)	A&D WAIVER TBI WAIVER	The field labeled a PRN that was administered to this consumer? (BDDS) must contain No.
Where occurred	Other	You must complete the Other (explain) field.
Death of the consumer?	Yes	You must complete all of the questions in the Narrative: Details – DEATH section (see Section 2.4 – Narrative Information).  <b>Important</b> If you complete an incident report for more than one incident, this field becomes unavailable. The system is designed to accept only one DOP incident per report.
PRN that was administered to this consumer?	Yes	You must complete all of the questions in the Narrative: Details – PRN section (see Section 2.4 – Narrative Information).  <b>Important</b> If you complete an incident report for more than one incident, this field becomes unavailable. The system is designed to accept only one PRN incident per report.

- 8e) After completing the **Reporting Person/Agency and Incident Information**, click **“Continue Report”** at the bottom of the page.

## 9. Incident Regarding the Death of this Consumer

- 9a). If you entered **YES** in the “Is this Incident regarding the Death of this consumer” field, in the Incident Information section, then the **Narrative: Details – DEATH** section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:

Narrative: Details - DEATH

1. Date of Death:  /  /  Time Of Death (HH:MM AM/PM):

2. Place Of Death:  [Select] Other Setting (please explain):

3. What was the setting if in NF less than 90 days:

4. Circumstances immediately preceding the death, IF KNOWN:

5. Circumstances immediately following the death or discovery of the death, IF KNOWN:

6. Describe all life-saving measures, IF ANY WERE APPLICABLE, that were attempted at the time of death (i.e., CPR administered, 911 called, transported to hospital, etc.), IF KNOWN:

7. If no life-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) order, etc.), IF KNOWN:

8. Was the individual admitted into a nursing facility within 30 days of the date of death?  [Select]

9. Was the individual discharged from a nursing facility within 30 days of the date of death?  [Select]

10. Was the death of the individual expected?  [Select]

11. Was there a DNR status?  [Select]

12. What is the preliminary cause of death?

13. Description of the event(s) surrounding this death is as follows:  [Select] Other Circumstance(s) (please explain):

- 9b). If you entered **YES** in the Is this **Incident regarding a PRN that was administered to this consumer** field in the **Incident Information** section, then the **Narrative: Details – PRN** section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:

**Narrative: Details - PRN**

1. Length of time the targeted behavior lasted:

2. Description of what precipitated the targeted behavior:

3. Description of what efforts and/or activities were used and/or attempted to stop the behavior prior to the use of the PRN. For PRN's used before medical / dental procedures, description of the desensitization plan that is in place. Please Note: Even when a PRN has been approved by the guardian, physician, Human Rights Committee, IDT, etc., and/or is in the consumer's BSP, this information is still mandatory to process this incident initial report.

4. State the criteria for the use of a PRN:

5. PRN protocol (notification process, approval process, name and title of staff approving what medication and dosage):

6. Date / Time of prior PRN:

- 9c). If you entered **YES** in **both** of the **Is this Incident regarding...** fields in the **Incident Information** section, then both of the **Narrative: Details** sections appear above the **Describe the Incident** and **Plan to Resolve** fields.
- 9d). After completing the **Reporting Person and Agency** and **Incident Information** Sections, click **“Continue Report”** at the bottom of the page.

## 10. Narrative Information

- 10a). Complete the “Describe Incident and Plan to Resolve” sections

**Describe the Incident:**

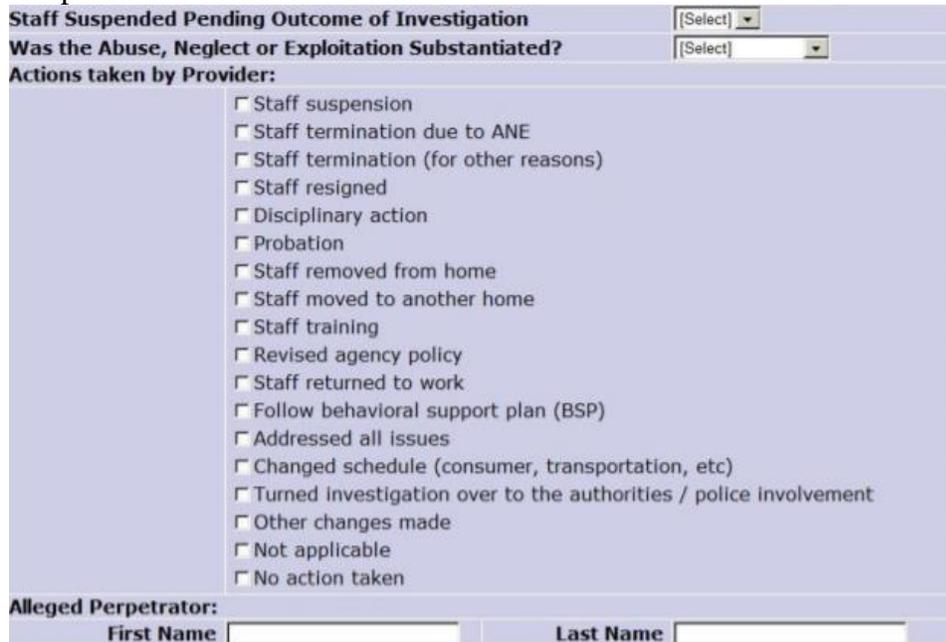
**Plan to Resolve (immediate and long term):**

10b) After completing the **Describe the Incident** and **Plan to Resolve** sections, click “**Continue Report**” at the bottom of the page.

## 11. Incident Investigation

11a). Any staff suspected, alleged or involved in incidents of abuse, neglect, or exploitation of an individual will be immediately suspended from duty pending investigation by the provider.

11b) Complete the following section for any allegation of Abuse, Neglect or Exploitation



Staff Suspended Pending Outcome of Investigation [Select] v

Was the Abuse, Neglect or Exploitation Substantiated? [Select] v

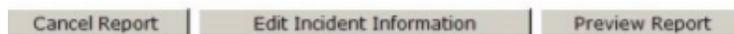
Actions taken by Provider:

- Staff suspension
- Staff termination due to ANE
- Staff termination (for other reasons)
- Staff resigned
- Disciplinary action
- Probation
- Staff removed from home
- Staff moved to another home
- Staff training
- Revised agency policy
- Staff returned to work
- Follow behavioral support plan (BSP)
- Addressed all issues
- Changed schedule (consumer, transportation, etc)
- Turned investigation over to the authorities / police involvement
- Other changes made
- Not applicable
- No action taken

Alleged Perpetrator:

First Name [ ] Last Name [ ]

11c) After completing the **Incident Investigation** section, click “**Preview Report**” at the bottom of the page.

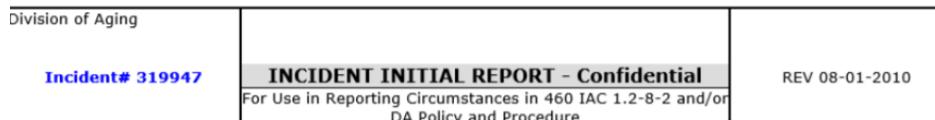


Cancel Report Edit Incident Information Preview Report



## 12. Incident Initial Report Preview

12a) When you click “Preview Report” (above), the Incident Initial Report appears.



Division of Aging

Incident# 319947

**INCIDENT INITIAL REPORT - Confidential**

REV 08-01-2010

For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or  
DA Policy and Procedure

12b) Review the completed Incident Initial Report for accuracy and completeness.

### 13. Submitting, Saving and Printing an Incident Initial Report

13a) After reviewing the Incident Initial Report, select the Submit Incident Initial Report button above the Incident Initial Report Preview page.



13b) A PDF copy of the report will be created and emailed during the “Submit” process. That may take a few seconds to complete, so please be patient and **do not** click the submit button multiple times.

13c) When you select the Submit Incident Initial Report button, the system displays:

- A message indicating that the report(s) were submitted to the /DA Central Office
- The confirmation number(s) for the report(s)
- A reminder to print or save a hard copy of the report(s)
- A Save/Print button

13d) The following partial illustration shows the messages that appear when you submit an Incident Initial Report:

[User Guide](#)  
[Help Desk](#)

**Incident Initial Report has been SUCCESSFULLY submitted to the DDRS/DA Central Office. Confirmation Number(s): 319947.**

**Remember to either save or print this report so that you can provide copies to other applicable parties according to the Incident Reporting Policy.**

[Save/Print - 319947](#)

[Report New Incident](#)

Division of Aging		
<b>Incident# 319947</b>	<b>INCIDENT INITIAL REPORT - Confidential</b> For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure	REV 08-01-2010
<b>SECTION I - CONSUMER INFORMATION</b>		

13e) After you submit an Incident Initial Report, an email will be sent to you with a .pdf attachment copy of your report:

**Initial Incident Report (Securely delivered by DataMotion)**

NOREPLY@fssa.in.gov

Sent: Fri 9/18/2015 12:04 PM

To:

Message | Incident\_Reports.PDF (6 KB)

You are receiving this correspondence to confirm that Incident Report #319948 was successfully submitted to Division of Aging on 9/18/2015 at 12:03 PM.

If you need a copy of this report, please contact [DTS-DAS@fssa.IN.gov](mailto:DTS-DAS@fssa.IN.gov) and include the report number.

Thank you.

- 13f) You can save and print the report by selecting the Save/Print button. The File Download window appears, as shown in the following illustration:



- 13g) Select “Open” from the tab above. The system will display the report as a PDF document in a separate Adobe Reader window. The following partial illustration shows the top half of a test report in Adobe Reader window.

Indiana Division Of Aging Incident#: 319947		<b>INCIDENT INITIAL REPORT - Confidential</b> For Use in Reporting Circumstances in 460 IAC 1.2-9-2 and/or DA Policy and Procedure		REV 08-01-2010	
<b>SECTION I - CONSUMER INFORMATION</b>					
SSN: ***-**-1234	LAST NAME: cooper	FIRST NAME: sheldon			
ADDRESS: 123 south st	CITY: lafayette	STATE: in	ZIP: 47905		
DOB: 3/19/1971	COUNTY: TIPPECANOE	GENDER: M			
PRIMARY FUNDING SOURCE: A&D WAIVER					
<b>INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:</b>					
HCBS PROVIDER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	LEGAL GUARDIAN?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME	DATE
AAA?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME	DATE	
OTHER PROVIDER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	CASE MANAGER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	LONG, JASMINE
QIDP?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME	DATE	9/18/2015

- 13h) Use the Print icon on the standard toolbar to print the report.
- Use the File > Print menu on the menu bar to print the report.
  - Use the File > Save a Copy menu on the menu bar to save a copy of the report.

- 13i) When you select Save from the File Download window, the Save As window appears so that you can save the report as a PDF file in your desired folder. The following illustration shows an example of the Save As window:



## 14. Provider and Case Manager Notice Requirements

### 14a). Case Manager Requirements for Providing Notice of Incident Reports

- Any case manager reporting an incident MUST email a copy of the incident report to the participant's provider after completion.
- The case manager is responsible for keeping the participant's provider updated on the status of the incident report until the report is closed with the Division of Aging.
- The case manager is responsible for notifying the participant's provider when the incident report is closed by the Division of Aging, and confirming the outcome of the incident report with the provider.

### 14b). Provider Requirements for Providing Notice of Incident Reports

- Any provider reporting an incident MUST email a copy of the incident report to the participant's case manager after completion.
- The provider is responsible for keeping the participant's case manager updated on the status of the incident report until the report is closed with the Division of Aging.
- The provider is responsible for notifying the participant's case manager when the incident report is closed by the Division of Aging, and confirming the outcome of the incident report with the case manager.